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Substitute for Form PTO-875									700	5596	<u> </u>
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
				\neg	Γ	÷				cee.	
BASI	FOR C FEE	NUMBE	NUMBER FILED NUMBER		R EXTRA	ŀ	RATE	FEE		RATE	FEE
(37 CFR 1.16(a))					┟		\$	OR		\$	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = *			Į	x \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AS .	minus 3 = *				x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s =		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II											
4	1-13-05 (Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR		R THAN ENTITY	
		CLAIMS	1	HIGHEST		[1		
NT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	. 43	Minus	" 45	=		x \$=		OR	x \$=	
IEN I	Independent (37 CFR 1.16(b))	· Ž	Minus	··· 3	=		x \$=		OR	x \$=	
₹	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))		+s =		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEÉ		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	וו	x \$=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus	**	=		x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	. =		x \$=		OR	x \$=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.